B1 (Official Form 1)(04/13)								
	States Banki ern District of						Voluntary	Petition
Name of Debtor (if individual, enter Last, First, Diaz, Clara	Middle):		Name	of Joint De	ebtor (Spouse) (Last, First,	Middle):	
All Other Names used by the Debtor in the last 8 (include married, maiden, and trade names):	years				used by the J maiden, and		n the last 8 years:	
Last four digits of Soc. Sec. or Individual-Taxpa (if more than one, state all) xxx-xx-3193	yer I.D. (ITIN)/Com	plete EIN	Last fo	our digits o	f Soc. Sec. or	· Individual-T	axpayer I.D. (ITIN) N	o./Complete EIN
Street Address of Debtor (No. and Street, City, a 91-54 112th Street Richmond Hill, NY	nd State):	ZIP Code	Street	Address of	Joint Debtor	(No. and Stro	eet, City, and State):	ZIP Code
County of Residence or of the Principal Place of Queens		11418	Count	y of Reside	ence or of the	Principal Pla	ce of Business:	
Mailing Address of Debtor (if different from stre	et address):		Mailin	g Address	of Joint Debt	or (if differen	t from street address):	
	Г	ZIP Code	-					ZIP Code
Location of Principal Assets of Business Debtor (if different from street address above):			•					
Type of Debtor (Form of Organization) (Check one box) Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. □ Corporation (includes LLC and LLP) □ Partnership □ Other (If debtor is not one of the above entities, check this box and state type of entity below.) Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending: Filing Fee (Check one box ■ Full Filing Fee attached □ Filing Fee to be paid in installments (applicable to	(Check Health Care Bu Single Asset Re in 11 U.S.C. § Railroad Stockbroker Commodity Bre Clearing Bank Other Tax-Exe (Check box Debtor is a tax-ex under Title 26 of Code (the Interna	eal Estate as de 101 (51B) bker mpt Entity i, if applicable) tempt organizatithe United State 1 Revenue Code Check one Deb	on ss). e box: otor is a sn	defined "incurr a perso	er 7 er 9 er 11 er 12 er 13 er 13 er primarily co l in 11 U.S.C. § ed by an indivi- nal, family, or l Chap debtor as defin	Petition is Fil Ch of: Ch of: Nature (Check onsumer debts, 101(8) as dual primarily household purp ter 11 Debto	busin for pose."	decognition eding decognition
attach signed application for the court's consideration debtor is unable to pay fee except in installments. Form 3A. Filing Fee waiver requested (applicable to chapter attach signed application for the court's consideration	on certifying that the Rule 1006(b). See Offic 7 individuals only). Mu	check ii. Debugare Check all BB. A p Acc	applicable lan is bein	boxes: g filed with of the plan w	amount subject this petition.	to adjustment	luding debts owed to insi on 4/01/16 and every three one or more classes of cr	ee years thereafter).
Statistical/Administrative Information Debtor estimates that funds will be available Debtor estimates that, after any exempt properties will be no funds available for distribution.	erty is excluded and	nsecured credital	tors.			THIS	SPACE IS FOR COURT	USE ONLY
1- 49 99 199 999	1,000- 5,000 10,000		5,001- 0,000	50,001- 100,000	OVER 100,000			
\$50,000 \$100,000 \$500,000 to \$1 t	\$1,000,001 \$10,000,001 to \$10 to \$50 million	to \$100 to] 100,000,001 \$500 illion	\$500,000,001 to \$1 billion				
	\$1,000,001 \$10,000,001 to \$50] 100,000,001 \$500	\$500,000,001 to \$1 billion				

B1 (Official For	rm 1)(04/13)		Page 2
Voluntar	y Petition	Name of Debtor(s): Diaz, Clara	
(This page mi	ust be completed and filed in every case)	Diaz, Ciara	
T. G.	All Prior Bankruptcy Cases Filed Within Las	t 8 Years (If more than tw	o, attach additional sheet)
Location Where Filed:		Case Number:	Date Filed:
Location Where Filed:		Case Number:	Date Filed:
Pe	ending Bankruptcy Case Filed by any Spouse, Partner, or	Affiliate of this Debtor (If more than one, attach additional sheet)
Name of Deb	tor:	Case Number:	Date Filed:
District:		Relationship:	Judge:
	Exhibit A	(To be completed if debton i	Exhibit B s an individual whose debts are primarily consumer debts.)
forms 10K a pursuant to and is reque	pleted if debtor is required to file periodic reports (e.g., and 10Q) with the Securities and Exchange Commission Section 13 or 15(d) of the Securities Exchange Act of 1934 sting relief under chapter 11.) A is attached and made a part of this petition.	I, the attorney for the peti have informed the petition 12, or 13 of title 11, Unite	tioner named in the foregoing petition, declare that I ner that [he or she] may proceed under chapter 7, 11, ed States Code, and have explained the relief available I further certify that I delivered to the debtor the notice 42(b). I a continuous con
No.(To be compExhibitIf this is a jo	eleted by every individual debtor. If a joint petition is filed, ea D completed and signed by the debtor is attached and made	a part of this petition.	•
	Information Regardin	ng the Debtor - Venue	
	(Check any ap	_	
	Debtor has been domiciled or has had a residence, princip days immediately preceding the date of this petition or for	al place of business, or pri	
	There is a bankruptcy case concerning debtor's affiliate, go	eneral partner, or partnersh	tip pending in this District.
	Debtor is a debtor in a foreign proceeding and has its print this District, or has no principal place of business or assets proceeding [in a federal or state court] in this District, or the sought in this District.	in the United States but is	s a defendant in an action or
	Certification by a Debtor Who Reside		tial Property
	(Check all app Landlord has a judgment against the debtor for possession		oox checked, complete the following.)
	(Name of landlord that obtained judgment)		
	(Address of landlord)		
	Debtor claims that under applicable nonbankruptcy law, the entire monetary default that gave rise to the judgment	for possession, after the ju-	dgment for possession was entered, and
	Debtor has included with this petition the deposit with the after the filing of the petition.	•	
	Debtor certifies that he/she has served the Landlord with t	his certification. (11 U.S.C	2. § 362(l)).

1 (Official Form 1)(04/13)	Page
V	oluntary Petition	Name of Debtor(s):
	is page must be completed and filed in every case)	Diaz, Clara
111		l natures
	Signature(s) of Debtor(s) (Individual/Joint)	Signature of a Foreign Representative
	I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.	I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only one box.) I request relief in accordance with chapter 15 of title 11. United States Code Certified copies of the documents required by 11 U.S.C. §1515 are attached Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.
		X
X	Is/ Clara Diaz Signature of Debtor Clara Diaz	X Signature of Foreign Representative
X	Signature of Joint Debtor	Printed Name of Foreign Representative
	Signature of Joint Debtor	
		Date
	Telephone Number (If not represented by attorney)	Signature of Non-Attorney Bankruptcy Petition Preparer
	January 8, 2015	I declare under penalty of perjury that: (1) I am a bankruptcy petition
	Date	preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document
X	Signature of Attorney* /s/ Brian McCaffrey Signature of Attorney for Debtor(s) Brian McCaffrey Printed Name of Attorney for Debtor(s) Brian McCaffrey Attorney at Law, PC Firm Name 88-18 Sutphin Blvd 1st Floor Jamaica, NY 11435 Address	and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached. Printed Name and title, if any, of Bankruptcy Petition Preparer Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)
	Email: info@mynylawfirm.com 718-480-8280 Fax: 718-480-8279	
	Telephone Number	
	January 8, 2015	Address
	Date *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.	X
	Signature of Debtor (Corporation/Partnership)	Date
	I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.	Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above. Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:
X	Signature of Authorized Individual	
	Signature of Authorized Individual	141.1
	Printed Name of Authorized Individual	If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. A bankruptcy petition preparer's failure to comply with the provisions of
	Title of Authorized Individual	title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

Date

B 1D (Official Form 1, Exhibit D) (12/09)

United States Bankruptcy Court Eastern District of New York

		Eastern District of New Tork		
In re	Clara Diaz		Case No.	
		Debtor(s)	Chapter	13

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]

B 1D (Official Form 1, Exhibit D) (12/09) - Cont.	Page 2				
mental deficiency so as to be incapable of rea financial responsibilities.); □ Disability. (Defined in 11 U.S.C. § unable, after reasonable effort, to participate i through the Internet.);	109(h)(4) as impaired by reason of mental illness or lizing and making rational decisions with respect to 109(h)(4) as physically impaired to the extent of being n a credit counseling briefing in person, by telephone, or				
☐ Active military duty in a military co	ombat zone.				
☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.					
I certify under penalty of perjury that the information provided above is true and correct.					
Signature of Debtor:	/s/ Clara Diaz				
	Clara Diaz				
Date: January 8, 2015	<u>; </u>				

Certificate Number: 17572-NYE-CC-024773397



CERTIFICATE OF COUNSELING

I CERTIFY that on <u>December 31, 2014</u>, at <u>7:13</u> o'clock <u>AM PST</u>, <u>Clara Diaz</u> received from <u>Dollar Learning Foundation</u>, <u>Inc.</u>, an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the <u>Eastern District of New York</u>, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: December 31, 2014 By: /s/Ani Polat

Name: Ani Polat

Title: Counselor

^{*} Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

1/08/15 4:11PM

B6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court Eastern District of New York

In re	Clara Diaz		Case No.		
_		Debtor			
			Chapter	13	

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	1,375,741.00		
B - Personal Property	Yes	3	11,575.23		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	2		1,742,903.93	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	2		9,677.58	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			15,244.00
J - Current Expenditures of Individual Debtor(s)	Yes	2			15,247.40
Total Number of Sheets of ALL Schedu	ıles	16			
	T	otal Assets	1,387,316.23		
			Total Liabilities	1,752,581.51	

B 6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Cour	1
Eastern District of New York	

		Eastern District of New York		
In re	Clara Diaz		Case No.	
-		Debtor		
			Chapter	13

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. \S 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	0.00

State the following:

Average Income (from Schedule I, Line 12)	15,244.00
Average Expenses (from Schedule J, Line 22)	15,247.40
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	7,254.67

State the following:

Total from Schedule D, "UNSECURED PORTION, IF ANY" column		364,903.93
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		9,677.58
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		374,581.51

1/08/15 4:11PM

B6A (Official Form 6A) (12/07)

In re	Clara Diaz	Case No
_		Debtor

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
2 Family Dwelling 91-52 112th Street Richmond Hill, NY		-	504,532.00	558,092.52
2 Family Dwelling 91-54 112th Street South Richmond, NY	Fee simple	-	449,209.00	474,246.00
2 Family Dwelling 144-40 Sutter Avenue Jamaica, NY 11436	Fee simple	-	422,000.00	708,306.41

Sub-Total > 1,375,741.00 (Total of this page)

1,375,741.00 Total >

0 continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

1/08/15 4:11PM

B6B (Official Form 6B) (12/07)

In re	Clara Diaz	Case No.
_		
		Debtor

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

n hand ng, savings or other financial ts, certificates of deposit, or in banks, savings and loan, uilding and loan, and ead associations, or credit brokerage houses, or atives. y deposits with public , telephone companies, ds, and others.	Chase checking account ending xxx7596 Citibank Checking ending xxx 0808 Citibank Saving Acct Ending xxxx3488 Citibank Savings Acct ending xxx8077	- - -	325.56 114.67 557.00 8.00
ts, certificates of deposit, or in banks, savings and loan, uilding and loan, and ead associations, or credit brokerage houses, or atives. y deposits with public telephone companies,	Citibank Checking ending xxx 0808 Citibank Saving Acct Ending xxxx3488 Citibank Savings Acct ending xxx8077	- - -	114.67 557.00
in banks, savings and loan, uilding and loan, and ead associations, or credit brokerage houses, or atives. y deposits with public, telephone companies,	Citibank Saving Acct Ending xxxx3488 Citibank Savings Acct ending xxx8077	- -	557.00
ead associations, or credit brokerage houses, or atives. y deposits with public , telephone companies,	Citibank Savings Acct ending xxx8077	-	
y deposits with public , telephone companies,		-	8 00
, telephone companies,	x		3.00
old goods and furnishings, ng audio, video, and er equipment.	Living Furniture, Appliances, Book Shelves	-	1,400.00
pictures and other art, antiques, stamp, coin, tape, compact disc, and ollections or collectibles.	х		
g apparel.	Clothing, Shoes, Accessories	-	800.00
d jewelry.	x		
ns and sports, photographic, er hobby equipment.	x		
s in insurance policies. nsurance company of each and itemize surrender or	X		
value of each.	x		
n	surance company of each	surance company of each nd itemize surrender or alue of each.	ssurance company of each nd itemize surrender or alue of each.

Sub-Total >	3,205.23
(Total of this page)	

² continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re	Clara Diaz	Case No.
		,

Debtor

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11.	Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	х			
12.	Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13.	Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14.	Interests in partnerships or joint ventures. Itemize.	X			
15.	Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16.	Accounts receivable.	X			
17.	Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18.	Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19.	Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	x			
20.	Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21.	Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	х			
				Sub-Tota	al > 0.00
				(Total of this page)	

Sheet <u>1</u> of <u>2</u> continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

		G
In re	Clara Diaz	Case No.
		·

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22.	Patents, copyrights, and other intellectual property. Give particulars.	X			
23.	Licenses, franchises, and other general intangibles. Give particulars.	X			
24.	Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25.	Automobiles, trucks, trailers, and other vehicles and accessories.		2005 Ford Expedition 106,000 miles Used for Transport of Disabled Dependent- Higher Exemption Applies	-	8,370.00
26.	Boats, motors, and accessories.	X			
27.	Aircraft and accessories.	X			
28.	Office equipment, furnishings, and supplies.	X			
29.	Machinery, fixtures, equipment, and supplies used in business.	X			
30.	Inventory.	X			
31.	Animals.	X			
32.	Crops - growing or harvested. Give particulars.	X			
33.	Farming equipment and implements.	X			
34.	Farm supplies, chemicals, and feed.	X			
35.	Other personal property of any kind not already listed. Itemize.	X			

Sub-Total > 8,370.00 (Total of this page) 11,575.23

Total >

Sheet **2** of **2** continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

1/08/15 4:11PM

B6C (Official Form 6C) (4/13)

In re	Clara Diaz	Case No.
		Debtor

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:	☐ Check if debtor claims a homestead exemption that exceeds
(Check one box)	\$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafte
□ 11 U.S.C. §522(b)(2)	with respect to cases commenced on or after the date of adjustment.)
11 II C C 8522(b)(2)	

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Checking, Savings, or Other Financial Accounts, C	Certificates of Deposit		
Chase checking account ending xxx7596	NYCPLR § 5205(a)(9)	325.56	325.56
Citibank Checking ending xxx 0808	NYCPLR § 5205(a)(9)	114.67	114.67
Citibank Saving Acct Ending xxxx3488	NYCPLR § 5205(a)(9)	557.00	557.00
Citibank Savings Acct ending xxx8077	NYCPLR § 5205(a)(9)	2.77	8.00
<u>Household Goods and Furnishings</u> Living Furniture, Appliances, Book Shelves	NYCPLR § 5205(a)(5)	1,400.00	1,400.00
Wearing Apparel Clothing, Shoes, Accessories	NYCPLR § 5205(a)(5)	800.00	800.00
Automobiles, Trucks, Trailers, and Other Vehicles 2005 Ford Expedition 106,000 miles Used for Transport of Disabled Dependent- Higher Exemption Applies	Debtor & Creditor Law § 282(1)	6,111.00	8,370.00

Total: 9,311.00 11,575.23

B6D (Official Form 6D) (12/07)

In re	Clara Diaz		Case No
		Debtor	

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R) C	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGEN		DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. xxxxxx7156			First Mortgage	⊤	ATED			
Carrington Mortgage Serv PO Box 54285 Irvine, CA 92619		-	2 Family Dwelling 144-40 Sutter Avenue Jamaica, NY 11436		ט	x		
			Value \$ 422,000.00				566,594.63	144,594.63
Account No. xxxxxx2117			Opened 11/01/06 Last Active 10/15/14					
City Ntl Bk/Ocwen Loan Service Attn: Bankruptcy P.O. Box 24738 West Palm Beach, FL 33416		-	First Mortgage 2 Family Dwelling 91-52 112th Street Richmond Hill, NY			x		
			Value \$ 504,532.00				424,014.00	0.00
Account No. xxxxx6893 Diamond Finance Co 50 Jericho Turnpike Jericho, NY 11753		-	Opened 3/01/11 Last Active 11/10/14 2005 Ford Expedition 106,000 miles Used for Transport of Disabled Dependent- Higher Exemption Applies					
			Value \$ 8,370.00	1			2,259.00	0.00
Account No. xxxxxxxxxx1579 Selene Finan 9990 Richmond Houston, TX 77042		-	Opened 6/06/07 Last Active 2/01/08 2 Family Dwelling 91-54 112th Street South Richmond, NY			x	,	
			Value \$ 449,209.00				474,246.00	25,037.00
continuation sheets attached			(Total of	Subte this p		·	1,467,113.63	169,631.63

 $B6D\ (Official\ Form\ 6D)\ (12/07)$ - Cont.

In re	Clara Diaz	Case No
-		Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS (Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR) N H	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGEN	LIQUID	ΙEΙ	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. xxxxxx6857		T	Second Mortgage	٦Ÿ	A T E D	li		
Specialized Loan Servicin 8742 Lucent Blvd Suite 300 Littleton, CO 80129		-	2 Family Dwelling 144-40 Sutter Avenue Jamaica, NY 11436		D	x		
A (N. 1999)	╀	+	Value \$ 422,000.00	+	\vdash	Н	141,711.78	141,711.78
Account No. xxxxxx3161 Trinity Financial Service 2618 San Miguel Drive Suite 303 Newport Beach, CA 92660		-	Second Mortgage 2 Family Dwelling 91-52 112th Street Richmond Hill, NY			x		
		\perp	Value \$ 504,532.00			Ш	134,078.52	53,560.52
			Value \$					
Account No.			Value \$					
Account No.			Value \$					
Sheet 1 of 1 continuation sheets atta Schedule of Creditors Holding Secured Claims		ed to	(Total of	Subt			275,790.30	195,272.30
South Committee of the	-		(Report on Summary of S	Т	`ota	ս	1,742,903.93	364,903.93

1/08/15 4:11PM

-		Debtor ,
In re	Clara Diaz	Case No.
66E (Offici	ial Form 6E) (4/13)	

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

Check this box it debtor has no creditors holding this ecured priority channs to report on this schedule E.
TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)
☐ Domestic support obligations
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relation of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
☐ Extensions of credit in an involuntary case
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of trustee or the order for relief. 11 U.S.C. § 507(a)(3).
☐ Wages, salaries, and commissions
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sale representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
☐ Contributions to employee benefit plans
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of busine whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
☐ Certain farmers and fishermen
Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
☐ Deposits by individuals
Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
☐ Taxes and certain other debts owed to governmental units
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
☐ Commitments to maintain the capital of an insured depository institution
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).
☐ Claims for death or personal injury while debtor was intoxicated
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

0 continuation sheets attached

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6F (Official Form 6F) (12/07)

	O1 D:		
In re	Clara Diaz	Case No	
_		Debtor	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecu			•					
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Hu H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	UNLIQUIDAT	F	I S P U T E	AMOUNT OF CLAIM
Account No. xxxx0808	-		Opened 3/01/02 Last Active 9/29/14 Check Credit Or Line Of Credit	Ť	T E D	ı		
Citibankna Po Box 769006 San Antonio, TX 78245		-	onesia cream en <u>-</u> mo en en en					866.00
Account No. xx-xxxx-xxxx-x001-2	╁		Utility	+		t	\dagger	
Conedison Cooper Station PO Box 138 New York, NY 10276		-						338.88
Account No. xx-xxxx-xxxx-x006-2	╁		Utility			ł	+	
Conedison Cooper Station PO Box 138 New York, NY 10276		-						1,861.23
Account No. xx-xxxx-xxxx-x007-3			Utility			T	7	
Conedison Cooper Station PO Box 138 New York, NY 10276		-						1,629.19
				Sub			\dagger	4,695.30
Continuation succes attached			(Total of	this	pag	ge) [4,033.30

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B6F (Official Form 6F) (12/07) - Cont.

I	Clara Diaz	Core No.
In re	Clara Diaz	Case No.
-		Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

	-			1.		-	1
CREDITOR'S NAME,	0	Hu	sband, Wife, Joint, or Community	6	N	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	UNLIQUIDAT	U T F	AMOUNT OF CLAIM
Account No. xxxxxxx0269			Opened 5/01/09	Ť	T		
Fidelity Info Corp Po Box 100 Pacific Palisades, CA 90272		-	Collection Attorney Approved Oil Service Co.		E D		
Account No. xxxxx-x9111	-		I latita.				1,591.00
Account No. XXXXX-X9111	-		Utility				
National Grid P.O. Box 9037 Hicksville, NY 11802		-					
							794.26
Account No. xxxxxxx5867	╄	_	Opened 2/04/06 Leat Active 2/09/09	┢		┝	
Syncb/home Design Furn C/o Po Box 965036 Orlando, FL 32896		-	Opened 3/01/06 Last Active 2/08/08 Charge Account				
							2,451.00
Account No. xxxxxxxxxxxxx2174			Utility				
L							
Verizon 500 Technology Drive		L					
Suite 550							
Saint Charles, MO 63304							
							146.02
Account No.							
Sheet no1 of _1 sheets attached to Schedule of	_			Subt	ota	1	
Creditors Holding Unsecured Nonpriority Claims			(Total of t				4,982.28
				Т	`ota	ıl	
			(Report on Summary of So	hed	lule	es)	9,677.58

1/08/15 4:11PM

In re Clara Diaz Case No.	
In re Clara Diaz Case No. Debtor	

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.

1/08/15 4:11PM

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

E:11	:- 4h:- :- 64: 4- :- i-l4:6								
	in this information to identify your optor 1 Clara Diaz	ase.							
	otor 2 buse, if filing)								
Uni	ted States Bankruptcy Court for the	e: <u>EASTERN DISTRICT</u>	OF NEW YORK						
	se number nown)		-			nended pleme	nt showing p	•	n chapter
\bigcirc	fficial Form B 6I						s of the follo	wing date:	
	chedule I: Your Inc	ome			MM / I	DD/ Y	YYY		12/1:
sup spo atta	as complete and accurate as pos plying correct information. If you use. If you are separated and you ch a separate sheet to this form. The describe Employment	are married and not filing wi	ng jointly, and your sp ith you, do not include	ouse is livi information	ing with you on about you	, inclu ir spo	ide informat use. If more	ion about space is	your needed,
1.	Fill in your employment information.		Debtor 1		Del	otor 2	or non-filin	g spouse	
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed □ Not employed			Emplo Not en	yed nployed		
	employers.	Occupation	Nail Techician						
	Include part-time, seasonal, or self-employed work.	Employer's name	Clara Diaz						
	Occupation may include student or homemaker, if it applies.	Employer's address	9154 112th Street Richmond Hill, N						
		How long employed the	here? 15 years						
Par	ct 2: Give Details About Mo	nthly Income							
	mate monthly income as of the duse unless you are separated.	ate you file this form. If y	you have nothing to rep	ort for any li	ine, write \$0 i	n the s	space. Includ	de your nor	n-filing
	u or your non-filing spouse have m e space, attach a separate sheet to		ombine the information t	for all emplo	yers for that	persor	n on the lines	s below. If y	ou need
					For Debtor	1	For Debto		
2.	List monthly gross wages, sala deductions). If not paid monthly,			2. \$	0	.00	\$	N/A	
3.	Estimate and list monthly over	ime pay.		3. +\$	0	.00	+\$	N/A	
4.	Calculate gross Income. Add li	ne 2 + line 3.		4. \$	0.0	<u>0</u>	\$	N/A	

Deb	otor 1 Clara Diaz		Case	number (if known)		
	Copy line 4 here	4.	For \$	Debtor 1 0.00		ebtor 2 or iling spouse N/A
5.	List all payroll deductions:					<u> </u>
5.	5a. Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	NI/A
	5b. Mandatory contributions for retirement plans	5a. 5b.	\$ <u> </u>	0.00	\$ <u> </u>	N/A N/A
	5c. Voluntary contributions for retirement plans	5c.	\$ <u> </u>	0.00	\$ <u> </u>	N/A
	5d. Required repayments of retirement fund loans	5d.	\$ —	0.00	\$ <u> </u>	N/A
	5e. Insurance	5e.	\$	0.00	\$	N/A
	5f. Domestic support obligations	5f.	\$	0.00	\$	N/A
	5g. Union dues	5g.	\$	0.00	\$	N/A
	5h. Other deductions. Specify:	5h.+	\$	0.00	+ \$	N/A
6.	Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	N/A
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	N/A
8.	List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total					
	monthly net income.	8a.	\$	12,250.00	\$	N/A
	8b. Interest and dividends	8b.	\$	0.00	\$	N/A
	 8c. Family support payments that you, a non-filing spouse, or a depen regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance. 	8c. 8d. 8e.	\$ \$	0.00 0.00 744.00	\$ \$	N/A N/A N/A
	that you receive, such as food stamps (benefits under the Supplementa Nutrition Assistance Program) or housing subsidies.					
	Specify:	8f.	\$ <u> </u>	0.00	\$	N/A
	8g. Pension or retirement income	8g.	\$	0.00	» <u>—</u>	N/A
	8h. Other monthly income. Specify: Household	8h.+	\$	2,250.00	+ \$	N/A
9.	Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	15,244.00	\$	N/A
10.	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	1	5,244.00 + \$_		N/A = \$ <u>15,244.00</u>
11.	State all other regular contributions to the expenses that you list in Sche Include contributions from an unmarried partner, members of your household, other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are Specify:	, your depend		•		hedule J. 11. +\$ 0.00
12.	Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Schedules and Statistical Summary of Capplies					12. \$ 15,244.00
13.	Do you expect an increase or decrease within the year after you file this	form?				Combined monthly income
	■ No. □ Yes. Explain:					

Filli	in this information to identify your case:					
Deb	tor 1 Clara Diaz	Check if this is:				
Dob	tor 2			An amended filing	vice week wettige about a	
	ouse, if filing)			13 expenses as of	ving post-petition chapter the following date:	
Unite	ed States Bankruptcy Court for the: <u>EASTERN DISTRICT OF NEW YO</u>	ORK		MM / DD / YYYY		
Case	e number			A separate filing for	r Debtor 2 because Debtor	
(If kr	nown)		_	2 maintains a sepa		
Of	fficial Form B 6J					
Sc	chedule J: Your Expenses				12/13	
info	as complete and accurate as possible. If two married people are primation. If more space is needed, attach another sheet to this funder (if known). Answer every question.					
Part						
1.	Is this a joint case?					
	■ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a separate household?					
	□ No					
	Yes. Debtor 2 must file a separate Schedule J.					
2.	Do you have dependents? ☐ No					
	Do not list Debtor 1 and Debtor 2. Yes. Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor 1		Dependent's age	Does dependent live with you?	
	Do not state the	_			□ No	
	dependents' names.	Daughter			■ Yes	
					□ No □ Yes	
					□ No	
					☐ Yes	
					□ No	
					☐ Yes	
3.	Do your expenses include No	•		_		
	expenses of people other than yourself and your dependents?					
ехр	t2: Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date unless yourness as of a date after the bankruptcy is filed. If this is a suppolicable date.	ou are using this followed lemental Schedule .	rm as a s J, check t	upplement in a Cha he box at the top o	pter 13 case to report f the form and fill in the	
the	lude expenses paid for with non-cash government assistance if value of such assistance and have included it on Schedule I: Y			V		
(Off	ficial Form 6I.)			Your expe	enses	
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	nclude first mortgage	4.	\$	2,600.00	
	If not included in line 4:					
	4a. Real estate taxes		4a.	\$	0.00	
	4b. Property, homeowner's, or renter's insurance		4b.	·	0.00	
	4c. Home maintenance, repair, and upkeep expenses		4c.	\$	0.00	
	4d. Homeowner's association or condominium dues			\$	0.00	
5.	Additional mortgage payments for your residence, such as hor	me equity loans	5.	\$	0.00	

Debtor	1 Clara Diaz	Case number (if known)			
6. Ut	ilities:				
6. 6 1		6a.	\$	275.00	
6b	•	6b.		80.00	
6c		6c.	· -	110.00	
6d		6d.		0.00	
	ood and housekeeping supplies			400.00	
	nildcare and children's education costs	8.	\$	0.00	
	othing, laundry, and dry cleaning	9.	·	40.00	
	ersonal care products and services	10.	·	0.00	
	edical and dental expenses	11.	·	0.00	
	ansportation. Include gas, maintenance, bus or train fare.	11.	Ψ	0.00	
	o not include car payments.	12.	\$	200.00	
	ntertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	25.00	
	naritable contributions and religious donations	14.	\$	0.00	
15. In s	surance.				
Do	o not include insurance deducted from your pay or included in lines 4 or 20.				
15	a. Life insurance	15a.	\$	0.00	
15	b. Health insurance	15b.	\$	0.00	
15	c. Vehicle insurance	15c.	\$	180.00	
15	d. Other insurance. Specify:	15d.	\$	0.00	
16. Ta	xes. Do not include taxes deducted from your pay or included in lines 4 or 20.				
Sp	pecify:	16.	\$	0.00	
	stallment or lease payments:				
	a. Car payments for Vehicle 1	17a.	*	443.00	
	b. Car payments for Vehicle 2	17b.	·	0.00	
	c. Other. Specify:	17c.	\$	0.00	
	d. Other. Specify:	17d.	\$	0.00	
	our payments of alimony, maintenance, and support that you did not report as	10	c	0.00	
	ducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).	18.			
	her payments you make to support others who do not live with you.	40	\$	0.00	
	pecify:	19.	avy Income		
	ther real property expenses not included in lines 4 or 5 of this form or on Schoola. Mortgages on other property	20a.		8,158.45	
	b. Real estate taxes	20b.	·	0.00	
	c. Property, homeowner's, or renter's insurance	20c.	·	0.00	
	d. Maintenance, repair, and upkeep expenses	20d.	·	120.00	
	e. Homeowner's association or condominium dues	20d. 20e.	•		
_			·	0.00	
21. U t	her: Specify: Rental Expenses		+\$	2,615.95	
22. Yc	our monthly expenses. Add lines 4 through 21.	22.	\$	15,247.40	
Th	e result is your monthly expenses.		-		
23. C a	alculate your monthly net income.				
	a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	15,244.00	
23	b. Copy your monthly expenses from line 22 above.	23b.	-\$	15,247.40	
23	c. Subtract your monthly expenses from your monthly income.				
20	The result is your monthly net income.	23c.	\$	-3.40	
Fo	by you expect an increase or decrease in your expenses within the year after your example, do you expect to finish paying for your car loan within the year or do you expect you odification to the terms of your mortgage?			e or decrease because of a	

■ No.

☐ Yes. Explain:

Line Item #4- Amount listed is not being paid, if Debtor moved rental would be 2300-2600. List amount reflect anticipated mortgage payment expected under HAMP or a similar modification program Mortgages on Rental Properties not currently being paid. Loss Mitigation efforts will be persued.

B6 Declaration (Official Form 6 - Declaration). (12/07)

United States Bankruptcy Court Eastern District of New York

In re	Clara Diaz			Case No.						
			Debtor(s)	Chapter	13					
	DECLARATION CONCERNING DEBTOR'S SCHEDULES									
	DECLARATION UNDER I	PENALTY (OF PERJURY BY INDIVI	DUAL DEI	BTOR					
	I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 18									
	sheets, and that they are true and correct to the best of my knowledge, information, and belief.									
Date	January 8, 2015	Signature	/s/ Clara Diaz							
Duic		Signature	Clara Diaz							
			Debtor							

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

1/08/15 4:11PM

B7 (Official Form 7) (04/13)

United States Bankruptcy Court Eastern District of New York

In re	Clara Diaz		Case No.	
		Debtor(s)	Chapter	13

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$20,848.00 2013: Debtor Self-Employment Income \$32,664.00 2014: Debtor Self-Employment Income

2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$32,000.00 2013: Debtor Rental \$45,300.00 2014: Debtor Rental

B7 (Official Form 7) (04/13)

filed.)

2

AMOUNT SOURCE

\$7,550.00 2015 YTD: Debtor Rental

3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not

NAME AND ADDRESS DATES OF AMOUNT STILL
OF CREDITOR PAYMENTS AMOUNT PAID OWING

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not

AMOUNT
DATES OF PAID OR
PAYMENTS/ VALUE OF AMOUNT STILL
NAME AND ADDRESS OF CREDITOR TRANSFERS TRANSFERS OWING

None c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both

NAME AND ADDRESS OF CREDITOR AND
RELATIONSHIP TO DEBTOR
DATE OF PAYMENT
AMOUNT PAID
OWING

spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None

Index# 3514/2010

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT

AND CASE NUMBER

PROCEEDING

DLJ Mortgage Capital, Inc. vs. Clara Diaz, ET AL Index #1761/09

NATURE OF
PROCEEDING
PROCEEDING
PROCEEDING
AND LOCATION

Queens Supreme Court
88-11 Supthin Blvd

STATUS OR
DISPOSITION
Judgment
88-11 Supthin Blvd

Jamaica, NY 11435

Wells Fargo vs. Clara Diaz; New Century Foreclosure Queens Supreme Court Pending 88-11 Supthin Blvd Violations Bureau Jamaica, NY 11435

None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER

DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER DESCRIPTION AND VALUE OF

PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

AMOUNT OF MONEY

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9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

Brian McCaffrey Attorney at Law, PC 88-18 Sutphin Blvd 1st Floor Jamaica, NY 11435

DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR

OR DESCRIPTION AND VALUE OF PROPERTY \$2000.00 9/19, \$750.00 9/29, \$1375.00 \$4500.00 10/23, \$375.00 11/19

10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

IN PROPERTY

11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY

NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

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14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

15. Prior address of debtor

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

Former Spouse: Angel Diaz

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NAME AND ADDRESS OF DATE OF ENVIRONMENTAL SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

■ Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NAME AND ADDRESS OF DATE OF ENVIRONMENTAL SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which

the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

B7 (Official Form 7) (04/13)

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18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN ADDRESS

NATURE OF BUSINESS

BEGINNING AND ENDING DATES

NAME None

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS
Jose H. Botero Tax & Finance Solutions
7519 Broadway
3rd Floor
Elmhurst, NY 11373

DATES SERVICES RENDERED **07/25/2014, 09/19/2013**

Non

b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS DATES SERVICES RENDERED

None

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME ADDRESS

None

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

B7 (Official Form 7) (04/13)

NAME AND ADDRESS DATE ISSUED

20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY

(Specify cost, market or other basis)

None

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY **RECORDS**

DATE OF INVENTORY

21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, None controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME ADDRESS DATE OF WITHDRAWAL

None

b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within six years immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

1/08/15 4:11PM

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25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

* * * * * *

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date	January 8, 2015	Signature	/s/ Clara Diaz	
			Clara Diaz	
			Debtor	

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

1/08/15 4:11PM

United States Bankruptcy Court Eastern District of New York

In r	e Clara Diaz					, 2022	Case No.		
					Debtor(s)		Chapter	13	
1.					SATION OF A'			` ,	d that compensation
1.	paid to me within o	ne yea	ar before the filin	g of the petition i	n bankruptcy, or agree with the bankruptcy	eed to be paid to	me, for serv		
	For legal servi	ces, I l	have agreed to ac	ccept		\$		0.00	
	Prior to the fill	ng of	this statement I h	nave received		\$		0.00	
	Balance Due					\$		0.00	
2.	The source of the co	ompen	sation paid to m	e was:					
	Debtor		Other (specify):					
3.	The source of comp	ensati	on to be paid to	me is:					
	Debtor		Other (specify):					
4.	■ I have not agree	ed to s	hare the above-d	isclosed compens	sation with any other	person unless th	ey are mem	bers and associa	ates of my law firm.
					on with a person or person or person of the people sharing				my law firm. A
5.	In return for the ab	ove-di	sclosed fee, I have	ve agreed to rende	er legal service for al	l aspects of the l	oankruptcy c	ase, including:	
					g advice to the debto ent of affairs and plan			file a petition in	bankruptcy;
	c. Representation	of the	debtor at the mee		and confirmation hea			rings thereof;	
	d. [Other provision			reditors to red	uce to market val	ue: exemption	nlanning:	nrenaration :	and filing of
	reaffirma	ation a	agreements ar		as needed; prepa				
6.	By agreement with	the de	btor(s), the abov	e-disclosed fee do	oes not include the fo	ollowing service:			
	Represe	ntatio	on of the debto ersary proceed	rs in any disch	argeability action	s, judicial lier	avoidanc	es, relief from	ı stay actions or
					CERTIFICATION				
this	I certify that the for bankruptcy proceedi		g is a complete st	ratement of any ag	greement or arrangen	nent for paymen	t to me for re	epresentation of	the debtor(s) in
Date	ed: January 8, 2	2015			/s/ Brian M	cCaffrey			
					Brian McC		v ot low F		.
					88-18 Sutp	affrey Attorne hin Blvd	y at ∟aw, F	-0	
					1st Floor				
					Jamaica, N 718-480-82	IY 11435 80 Fax: 718-4	180-8279		
						vlawfirm.com	.50 0210		

United States Bankruptcy Court Eastern District of New York

In re	Clara Diaz	Case No.		
		Debtor(s)	Chapter	13

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

Date: January 8, 2015	/s/ Clara Diaz
	Clara Diaz
	Signature of Debtor
Date: January 8, 2015	/s/ Brian McCaffrey
	Signature of Attorney
	Brian McCaffrey
	Brian McCaffrey Attorney at Law, PC
	88-18 Sutphin Blvd
	1st Floor
	Iomaina NV 11425

718-480-8280 Fax: 718-480-8279

USBC-44 Rev. 9/17/98

Carrington Mortgage Serv PO Box 54285 Irvine, CA 92619

Citibankna Po Box 769006 San Antonio, TX 78245

City Ntl Bk/Ocwen Loan Service Attn: Bankruptcy P.O. Box 24738 West Palm Beach, FL 33416

Conedison Cooper Station PO Box 138
New York, NY 10276

Conedison Cooper Station PO Box 138 New York, NY 10276

Conedison Cooper Station PO Box 138
New York, NY 10276

Diamond Finance Co 50 Jericho Turnpike Jericho, NY 11753

Fidelity Info Corp Po Box 100 Pacific Palisades, CA 90272

National Grid P.O. Box 9037 Hicksville, NY 11802

Peter T Roach & Associate 125 Michael Drive Syosset, NY 11791

Ref. Jeanne Hammock, Esq 13030 31st Street Suite 700 Flushing, NY 11354 Selene Finan 9990 Richmond Houston, TX 77042

Specialized Loan Servicin 8742 Lucent Blvd Suite 300 Littleton, CO 80129

Syncb/home Design Furn C/o Po Box 965036 Orlando, FL 32896

Trinity Financial Service 2618 San Miguel Drive Suite 303 Newport Beach, CA 92660

Verizon 500 Technology Drive Suite 550 Saint Charles, MO 63304

Fill in this info	rmation to identify you	r case:	
Debtor 1	Clara Diaz		
Debtor 2			
(Spouse, if filing	1)		
United States B	ankruptcy Court for the:	Eastern District of New York	
Case number			
(if known)			

Checl	k as directed in lines 17 and 21:
	ording to the calculations required by this tement:
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3)
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3)
	3. The commitment period is 3 years.
•	4. The commitment period is 5 years.

☐ Check if this is an amended filing

Official Form 22C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/14

as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - Not married. Fill out Column A, lines 2-11.
 - ☐ Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

						umn A otor 1	Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, over payroll deductions).	rtime, and	commissions (b	efore all	\$	0.00	\$	
3.	Alimony and maintenance payments. Do not i Column B is filled in.	nclude payr	nents from a spo	use if	\$	0.00	\$	
4.	All amounts from any source which are regul of you or your dependents, including child so from an unmarried partner, members of your hou and roommates. Include regular contributions fro filled in. Do not include payments you listed on li	ipport. Incluse inclusion in the inclusi	ude regular contri ır dependents, pa	ibutions arents,	\$	2,250.00	\$	
5.	Net income from operating a business, profe	ssion, or fa	rm					
	Gross receipts (before all deductions)	\$	5,466.00					
	Ordinary and necessary operating expenses	-\$	733.33	-				
	Net monthly income from a business, profession, or farm	\$	4,732.67	Copy here ->	\$_	4,732.67	\$	
6.	Net income from rental and other real proper	ty						
	Gross receipts (before all deductions)	\$	8,550.00	-				
	Ordinary and necessary operating expenses	-\$	8,278.00	•				
	Net monthly income from rental or other real property	\$	272.00	Copy here ->	\$	272.00	\$	

Official Form 22C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Debtor '	Clara Diaz	Case number (if know	vn)	
		Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
7. l i	nterest, dividends, and royalties	\$ 0.0	0 \$	
	Jnemployment compensation	\$ 0.0	<u>0</u> \$	
	Do not enter the amount if you contend that the amount received was a benefit unde the Social Security Act. Instead, list it here:	r		
	For you \$ 0.00			
	For you \$ 0.00 For your spouse \$			
b	Pension or retirement income. Do not include any amount received that was a penefit under the Social Security Act.	\$	0 \$	
r c	ncome from all other sources not listed above. Specify the source and amount. On not include any benefits received under the Social Security Act or payments eceived as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the lotal on line 10c.			
	10a.	\$0.0		
	10b	\$ 0.0		
	10c. Total amounts from separate pages, if any.	. \$	<u>0</u>	
	Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. S Determine How to Measure Your Deductions from Income	7,254.67		7,254.67
13. C	Copy your total average monthly income from line 11. Calculate the marital adjustment. Check one: You are not married. Fill in \$0 on line 3d. You are married and your spouse is filing with you. Fill in 0 in line 13d. You are married and your spouse is not filing with you.		\$	7,254.67
	Fill in the amount of the income listed in line 11, Column B, that was NOT regular dependents, such as payment of the spouse's tax liability or the spouse's support In line 13a-c, specify the basis for excluding this income and the amount of income adjustments on a separate page. If this adjustment does not apply, enter 0 on line 13d. 13a. \$ 13b. \$ 13c.	ort of someone other	r than you or your depend	ents.
	13d. Total\$	0.00	Copy here=> 13d	0.00
14.	Your current monthly income. Subtract line 13d from line 12.		14. \$	7,254.67
15.	Calculate your current monthly income for the year. Follow these steps:			
	15a. Copy line 14 here=>		15a. \$	7,254.67
	Multiply line 15a by 12 (the number of months in a year)		<u>x</u>	12
	15b. The result is your current monthly income for the year for this part of the form	1	15b. \$	87,056.04

1/08/15 4:11PM

Debto	or 1	Clara Diaz Case numb	per (if known)		
16.	. Cal	Iculate the median family income that applies to you. Follow these steps:			
	16a	a. Fill in the state in which you live.			
	16b	b. Fill in the number of people in your household.			
	160	c. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the		\$.	60,743.00
17	Но	instructions for this form. This list may also be available at the bankruptcy clerk's office. w do the lines compare?			
17.	17a	a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check be	•		ot determined under
	476	11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Disposable Inco	•	•	2.0.211.00.00
	17b	b. Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable 1325(b)(3). Go to Part 3 and fill out Calculation of Disposable Income (Official Fourier to monthly income from line 14 above.			
Part	t 3:	Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4)			
18.	Co	py your total average monthly income from line 11 .	18.	\$	7,254.67
19.	Dec	duct the marital adjustment if it applies. If you are married, your spouse is not filing with you need that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct the commitment from line 13d.	u, and you		
	If th	ne marital adjustment does not apply, fill in 0 on line 19a.	19a. -	\$	0.00
	Sul	btract line 19a from line 18.	19b.	\$_	7,254.67
20.	Cal	Iculate your current monthly income for the year. Follow these steps:			
	20a	a. Copy line 19b here	20a.	\$	7,254.67
		Multiply by 12 (the number of months in a year).		_	x 12
	20b	b. The result is current monthly income for the year for this part of the form	20b.	\$	87,056.04
				늗	
	20-			•	60,743.00
	200	c. Copy the median family income for your state and size of household from line 16c		\$_	00,743.00
	21.	How do the lines compare?			
		☐ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of pag period is 3 years. Go to Part 4.	ge 1 of this form, check	оох 3,	The commitment
		■ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the commitment period is 5 years. Go to Part 4.	he top of page 1 of this	form, (check box 4, The
Pari	. 4.	Sign Polous			
rail		Sign Below signing here, under penalty of perjury I declare that the information on this statement and in a	ny attachments is true a	and cc	orrect.
			, anacimiente le trac		
Х		s/ Clara Diaz clara Diaz			
	_	ignature of Debtor 1			
	Dat	January 8, 2015			
	If v	MM / DD / YYYY ou checked line 17a, do NOT fill out or file Form 22C-2.			
	-	ou checked line 17b, fill out Form 22C-2 and file it with this form. On line 39 of that form, copy	your current monthly in	come	from line 14 above.

Official Form 22C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Fill in	this information to	identify you	r case:							
Debtor	1 Clara Dia	z								
Debtor (Spous	2 se, if filing)									
United	States Bankruptcy C	Court for the:	Eastern Dis	strict of New Y	York					
Case r (if knov	number vn)						☐ Check	if this is a	an amende	ed filing
∩ffic	ial Form 22	C - 2								
	pter 13 Cal		n of Yo	ur Disp	osable l	ncome				12/14
	out this form, you w			copy of <i>Cha</i>	pter 13 Statem	ent of Your Cu	ırrent Monthly i	income an	nd Calculati	ion of
space i	complete and accur s needed, attach a nal pages, write you	separate she	et to this fo	rm, Include t	the line numbe					
Part 1	Calculate You	r Deductions	from Your	ncome						
the	Internal Revenue S questions in lines 6 rmation may also b	-15. To find	the IRS stan	dards, go on	nline using the					
exp	uct the expense amorenses if they are high -1, and do not deduction	er than the s	tandards. Do	not include a	any operating ex	cpenses that you	u subtracted from	m income i		
If yo	ur expenses differ fro	om month to	month, enter	the average e	expense.					
Note	e: Line numbers 1-4 a	are not used	in this form. T	hese number	rs apply to infor	mation required	l by a similar for	m used in	chapter 7 ca	ases.
5.	The number of peo	ople used in	determining	your deduct	tions from inco	ome				
	Fill in the number of plus the number of the number of peop	any additiona	I dependents						2	
Nati	onal Standards	You mu	ust use the IR	S National St	tandards to ans	wer the questio	ns in lines 6-7.			
6.	Food, clothing, an Standards, fill in the					ed in line 5 and t	the IRS National		\$	1,092.00
7.	Out-of-pocket heat the dollar amount for people who are 65 of higher than this IRS	or out-of-pock or olderbeca	et health care ause older pe	e. The numbe ople have a h	er of people is sp higher IRS allow	plit into two cate vance for health	egoriespeople	who are ur	nder 65 and	

Official Form 22C-2

People v	who are under 65 years of age						
7a.	Out-of-pocket health care allowance per person	\$	60				
7b.	Number of people who are under 65	X	2				
7c.	Subtotal. Multiply line 7a by line 7b.	\$	120.00	Copy line 7c here	=> \$	120.00	
People v	who are 65 years of age or older						
7d.	Out-of-pocket health care allowance per person	\$	144				
7e.	Number of people who are 65 or older	Х	0				
7f.	Subtotal. Multiply line 7d by line 7e.	\$	0.00	Copy line 7f here:	=> \$	0.00	
7g.	Total. Add line 7c and line 7f		\$_	120.00	Copy total	here=> 7g.	\$120.00
bankrup Housing housing To answ To find the clerk's of	on information from the IRS, the U.S. Trustee Proporticy purposes into two parts: g and utilities - Insurance and operating expenses g and utilities - Mortgage or rent expenses wer the questions in lines 8-9, use the U.S. Truste the chart, go online using the link specified in the sep- ffice. using and utilities - Insurance and operating expe	s e Program arate instruc	chart. ctions for this	s form. This chart	may also be a	available at	
	he dollar amount listed for your county for insurance	and operation	ng expenses	3.		\$	708.0
	using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, f listed for your county for mortgage or rent expense		lar amount		9a. \$ 1,	967.00	
9b.	Total average monthly payment for all mortgages at To calculate the total average monthly payment, accontractually due to each secured creditor in the 60 for bankruptcy. Then divide by 60.	dd all amour	nts that are	by your home.			
	Name of the creditor	Avera paym	age monthly nent				
	Carrington Mortgage Serv	\$	4,729.	77			
	City Ntl Bk/Ocwen Loan Service	\$	2,033.	39			
	Selene Finan	\$	3,942.	69			
	Specialized Loan Servicin	\$	1,395.	39			
	Trinity Financial Service	\$	1,314.	56			
	9b. Total average monthly paymer	nt \$	13,415.	Copy line 9b here=>	-\$13	3,415.80	
9c.	Net mortgage or rent expense.					_	
	Subtract line 9b (total average monthly payment) fror rent expense). If this amount is less than \$0, ent		(mortgage	9c. \$	0.00	Copy line 9c here=>	\$
	ou claim that the U.S. Trustee Program's division ects the calculation of your monthly expenses, fil				is incorrect	ப and	\$ 0.0

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Explain why:	

11.	Local transportation expenses: Check the number of vehic	les for which yo	u claim an c	wnershi	p or operating	expense.	
	☐ 0. Go to line 14.						
	■ 1. Go to line 12.						
	☐ 2 or more. Go to line 12.						
	Vehicle operation expense: Using the IRS Local Standards operating expenses, fill in the <i>Operating Costs</i> that apply for the standards of t						342.00
	Vehicle ownership or lease expense: Using the IRS Local You may not claim the expense if you do not make any loan of			t owners	hip or lease e	xpense for each v	ehicle below.
Veh	icle 1 Describe Vehicle 1: 2005 Ford Expedition 1 Disabled Dependent- H				ort of		
13a.	Ownership or leasing costs using IRS Local Standard		13a.	\$	517.00		
13b.	Average monthly payment for all debts secured by Vehicle 1.						
1	Do not include costs for leased vehicles.						
;	To calculate the average monthly payment here and on line 1 are contractually due to each secured creditor in the 60 mont bankruptcy. Then dived by 60.						
	Name of each creditor for Vehicle 1	Average mon payment	thly				
	Diamond Finance Co	\$ 3	6.92				
			Copy 13b here =>	. \$	36.92		
13c	Net Vehicle 1 ownership or lease expense		11010			Copy net	
	Subtract line 13b from line 13a. if this amount is less than \$0,	enter \$0.				Vehicle 1 expense	
			13c.	\$	480.08	here => \$	480.08
						J	
Veh	icle 2 Describe Vehicle 2:						
13d.	Ownership or leasing costs using IRS Local Standard		13d.	\$	0.00		
	Average monthly payment for all debts secured by Vehicle 2. eased vehicles.	Do not include	costs for				
	Name of each creditor for Vehicle 2	Average mon payment	thly				
		\$					
			Copy 13e here =>	-\$	0.00		
13f.	Net Vehicle 2 ownership or lease expense					Copy net	
;	Subtract line 13b from line 13a. if this amount is less than \$0,	enter \$0.			0.00	Vehicle 2 expense	
			13f.	\$	0.00	here => \$	0.00
			1001		1 601 4	J	
	Public transportation expense: If you claimed 0 vehicles in Transportation expense allowance regardless of whether you			ii Standa	ras, till in the	*	0.00
	Additional public transportation expense: If you claimed 1						
	also deduct a public transportation expense, you may fill in w not claim more than the IRS Local Standard for <i>Public Trans</i>		s the appro	priate ex	rpense, but yo	ou may \$	0.00

16. Taxes: The total monthly amount that you will actually ower for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes. And Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes. 17. Involuntary deductions: The total monthly payrell deductions that your job requires, such as retirement contributions, union dues, and uniform costs. 18. Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouses term life insurance. Do not include premiums for life in surance on your dependents, for a non-filing spouse sille insurance, or for any form of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay for education is either required: 19. Court-ordered payments: The total monthly amount that you pay for education it available for similar services. 20. Education: The total monthly amount that you pay for childs support, You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for childcare, such as bebysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education is available for similar services. 21. Childcare: The total monthly amount that you pay for robustic society and your dependents or health savings accounts. Include only the amount that you pay for thealth care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and vesters of your or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that you pay for telescommunication	•		n addition to the expense dene following IRS categories.		e, you are allowed your monthly expenses	for			
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 16. Life Insurance: The total monthly aremiums that you pay for your own term life insurance. If two married people are fling together; includes payments that you make for your spouse's term life insurance. Do not include premiums for tillic insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 17. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. 18. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 29. Education: The total monthly amount that you pay for education is available for similar services. 20. Cillideare: The total monthly amount that you pay for childcare, such as behysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 20. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for childcare, such as behysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 20. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for the health care that is required for the health and widtare of you or your dependents and that is not reinfourised by insurance or paid by a health savings accounts should be listed only in line 25. 20. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents on the care that of you pay for telecommunication services for you and your dependents or brase home telephone services. The total monthly amount that you pay for telecommunication services for you are player. 21. Potential telephone and telephone services: The total monthly	16.	self-employment taxes, social your pay for these taxes. How and subtract that number from	I security taxes, and Medica vever, if you expect to receiventh the total monthly amount to	are taxes. You may inc ve a tax refund, you n	clude the monthly amount withheld from nust divide the expected refund by 12	\$	0.00		
Do not include amounts that are not required by your job, such as voluntary 401 (k) contributions or payroll savings. 18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are fling together, include payments that you make for your spouse's term life insurance. Do not include premiums for file insurance, or your dependents, for a non-fling spouse's life insurance, or for any form of life insurance or or or administrative agency, such as spousal or child support payments. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. 19. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for childsure, such as babysitting, daycare, nursery, and preschool. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings accounts though each that is more than the total entered in line 7. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as special conditions, such as special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, lift is not reimbursed by your employer. 24. Add all of the expenses allowed under the IRS expense allowances. 25. Health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. 26. Leasth insurance 27. Do yo	17.								
filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance or on your dependents, for a non-fling spouse's life insurance, or any form of life insurance proteins insurance or health savings accounts or child support payments. Do not include payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysiting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and vellare of you or your dependents and that is not reimbursed by insurance or paid by a health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call walling, caller identification, special long distance, or business cell phone service, to the extern necessary for your health and vellare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22A-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. Issued in lines 6:24. 25. Health insurance				, such as voluntary 40	01(k) contributions or payroll savings.	\$	0.00		
administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. Do not include payments or past due obligations for spousal or child support. You will list these obligations in line 35. Do not include payments for any elementary or secondary school education. Do not include payments for any elementary or secondary school education. Do not include payments for any elementary or secondary school education. Do not include payments for any elementary or secondary school education. Do not include payments for any elementary or secondary school education. Do not include payments for any elementary or secondary school education. Payments for health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account Include only the amount that its more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. Do ptional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waining, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your memployer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22A-1, or any amount you previously deducted. **South of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. **Additional Expense Deductions** These are additional deductions allowed by the Means Test. Note: Do not include payments for basic home t	18.	filing together, include payme	ents that you make for your	spouse's term life insu	urance. Do not include premiums for life	\$	0.00		
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of your or you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the strent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and reported to health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. 24. Add all of the expenses allowed under the IRS expense allowances. 25. Health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. 26. Health insurance, disability insurance, and health savings accounts that are reasonably necessary for your self, your spouse, or your dependents. 26. Ontinued contributions to the care	19.				by the order of a court or				
as a condition for your job, of for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excutuling insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22A-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses. Do you actually spend this total amount? No. How much do you actually spend? Yes Continued contributions to		• •			You will list these obligations in line 35.	\$	0.00		
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		osts that are more than the home energy costs e, then fill in the excess amount of home energy			
	You must give your case trustee documents amount claimed is reasonable and necessa	tion of your actual expenses, and you must sh ry.	now that the additional	\$	0.00
,		ren who are younger than 18. The monthly e pendent children who are younger than 18 yea			
	You must give your case trustee documenta claimed is reasonable and necessary and n	tion of your actual expenses, and you must ex or already accounted for in lines 6-23.	xplain why the amount		
	* Subject to adjustment on 4/01/16, and eve	ry 3 years after that for cases begun on or afte	er the date of adjustment.	\$	0.00
		ne monthly amount by which your actual food a allowances in the IRS National Standards. The s in the IRS National Standards.			
		onal allowance, go online using the link specifi o be available at the bankruptcy clerk's office.	ied in the separate		
	You must show that the additional amount o	laimed is reasonable and necessary.		\$	38.00
	Continuing charitable contributions. The instruments to a religious or charitable orga	amount that you will continue to contribute in the nization. 26 U.S.C. § 170(c)(1)-(2)	the form of cash or financial	\$	0.00
	Add all of the additional expense deduct Add lines 25 through 31.	ions		\$	38.00
Dedu	ctions for Debt Payment				
lc	pans, and other secured debt, fill in lines	n property that you own, including home m 33a through 33g. ent, add all amounts that are contractually due			
	reditor in the 60 months after you file for bar		to cach secured		
	Mortgages on your home:			Average paymen	monthly
33a.	Copy line 9b here		=>	\$ 1	3,415.80
	Loans on your first two vehicles				
33b.	Copy line 13b here		=>	\$	36.92
33c.	Copy line 13e here		=>	\$	0.00
Name	e of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?		
			□ No		
33d.	-NONE-		Yes	\$	
			□ No		
33e.			☐ Yes	\$	
33f.			□ No □ Yes +	\$	
					
33g.	Total average monthly payment. Add lines	33a through 33f	13,452.72 Copy total here=	Φ.	13,452.72

34. Are any debts that yo or other property nec	u listed in line 33 secured by your pri essary for your support or the suppo	imary residence, a vehicle rt of your dependents?	,		
■ No. Go to line 35					
	nount that you must pay to a creditor, in	addition to the payments			
	33, to keep possession of your property by 60 and fill in the information below.	(called the <i>cure amount</i>).			
Name of the creditor	Identify property that see	cures the debt	Total cure amount	Monthly cu	re
-NONE-		\$		÷ 60 = \$	
		[Сору	
		Total	\$	total here=> \$	0.00
	ity claims such as a priority tax, child		t	<u> </u>	
■ No. Go to line 36					
	al amount of all of these priority claims. I rity claims, such as those you listed in li				
Total amou	nt of all past-due priority claims		\$	÷ 60 = \$	0.00
For more information,	e a case under Chapter 13? 11 U.S.C. go online using the link for <i>Bankruptcy B</i> n. <i>Bankruptcy Basics</i> may also be available.	Basics specified in the separa			
■ No. Go to line 37					
☐ Yes. Fill in the foll	owing information.				
Projected mo	onthly plan payment if you were filing un	der Chapter 13	\$	_	
Administrativ	plier for your district as stated on the lis re Office of the United States Courts (for arolina) or by the Executive Office for Ur districts).	r districts in Alabama nited States Trustees	x		
Average mo	nthly administrative expense if you were	filing under Chapter 13	\$	Copy total here=> \$	
37. Add all of the deduction Add lines 33g through				\$1	3,452.72
Total Deductions from In	come				
38. Add all of the allowed	deductions.				
Copy line 24, All of the expense allowances.	e expenses allowed under IRS	\$ 2,742.08	_		
Copy line 32, All of th	e additional expense deductions	\$ 38.00	_		
Copy line 37, All of th	e deductions for debt payment	+\$ 13,452.72	_		
Total deductions		\$ 16,232.80	Copy total here=>	s	16,232.80

Part 2:	Determine You	r Disposable Income Under 11 U.S.C. § 13	625(b)(2)						
	9. Copy your total current monthly income from line 14 of Form 22C-1, Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period					\$\$			
childr disabil receive	en. The monthlity payments for ed in accordance	y necessary income you receive for supporty average of any child support payments, for reported in Part I of Form the with applicable nonbankruptcy law to the ended for such child.	\$	0.0	<u>00</u>				
employ in 11 U specifi	yer withheld fro J.S.C. § 541(b) ed in 11 U.S.C.		\$	0.0	_				
42. Total	of all deductio	ns allowed under 11 U.S.C. § 707(b)(2)(A).	Copy line 38 here=	> \$	16,232.8	<u>80</u>			
43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.									
Describe	Describe the special circumstances			nse					
43a			\$						
43b			\$		<u>.</u>				
43c			\$		_				
43d. To	tal. Add lines 4	3a through 43c.	\$		py 43d re=> \$	0.00			
44. Total adjustments. Add lines 40 through 43d => \begin{bmatrix} \\$ 16,232.80 \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\									
45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39.									
Part 3:	Change in Inco	ome or Expenses							
46. Change in income or expenses. If the income in Form 22C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 22C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.									
Form	Line	Reason for change	Date of change		Increase or decrease?	Amount of change			
☐ 22C-1 ☐ 22C-2 ☐ 22C-1 ☐ 22C-2 ☐ 22C-1 ☐ 22C-2 ☐ 22C-1 ☐ 22C-2				_	☐ Increase☐ Decrease☐ Increase☐ Decrease☐ Increase☐ Decrease☐ Increase☐ Decrease☐ Dec	\$ \$ \$			

1/08/15 4:11PM

Part 4		Sign Below
	Ву	signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.
Х	(/s/	Clara Diaz
	_	ara Diaz gnature of Debtor 1
Date		muary 8, 2015 M / DD / YYYY

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Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 07/01/2014 to 12/31/2014.

Line 4 - Contributions to household expenses of the debtor or dependents

Source of Income: daugther

Constant income of \$2,250.00 per month.

Line 5 - Income from operation of a business, profession, or farm

Source of Income: nail tech

Constant income of <u>5,466.00</u> per month. Constant expense of <u>733.33</u> per month. Net Income <u>4,732.67</u> per month.

Line 6 - Rent and other real property income

Source of Income: multiple properties rent Constant income of 8,550.00 per month. Constant expense of 8,278.00 per month. Net Income 272.00 per month.

Non-CMI - Social Security Act Income

Source of Income: ssi

Constant income of \$744.00 per month.

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UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

STATEMENT PURSUANT TO LOCAL BANKRUPTCY RULE 1073-2(b)

DEBTOR(S):	Clara Diaz	CASE NO.:
Pursuant to concerning Related	Local Bankruptcy Rule 10 Cases, to the petitioner's be	73-2(b), the debtor (or any other petitioner) hereby makes the following disclosure st knowledge, information and belief:
was pending at any spouses or ex-spous partnership and one have, or within 180	time within eight years befores; (iii) are affiliates, as defore or more of its general partn	for purposes of E.D.N.Y. LBR 1073-1 and E.D.N.Y. LBR 1073-2 if the earlier case ore the filing of the new petition, and the debtors in such cases: (i) are the same; (ii) are fined in 11 U.S.C. § 101(2); (iv) are general partners in the same partnership; (v) are a ters; (vi) are partnerships which share one or more common general partners; or (vii) of either of the Related Cases had, an interest in property that was or is included in the 11(a).]
■ NO RELATED	CASE IS PENDING OR HA	AS BEEN PENDING AT ANY TIME.
☐ THE FOLLOW	ING RELATED CASE(S) I	S PENDING OR HAS BEEN PENDING:
1. CASE NO.:	JUDGE: DISTF	RICT/DIVISION:
CASE STILL PENI	OING (Y/N):	[If closed] Date of closing:
CURRENT STAT	US OF RELATED CASE:	
		(Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WH	ICH CASES ARE RELATE	ED (Refer to NOTE above):
	LISTED IN DEBTOR'S SOF RELATED CASE:	CHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN
2. CASE NO.:	JUDGE: DISTE	RICT/DIVISION:
CASE STILL PENI	OING (Y/N):	[If closed] Date of closing:
CURRENT STAT	US OF RELATED CASE:	
		(Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WH	ICH CASES ARE RELATE	ED (Refer to NOTE above):
	LISTED IN DEBTOR'S SO F RELATED CASE:	CHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN
3. CASE NO.:	JUDGE: DISTF	RICT/DIVISION:
CASE STILL PENI	DING (Y/N):	[If closed] Date of closing:
CURRENT STAT	US OF RELATED CASE:	
		(Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WH	ICH CASES ARE RELATE	ED (Refer to NOTE above):
REAL PROPERTY	LISTED IN DEBTOR'S SO	CHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN (OVER)

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DISCLOSURE OF RELATED CASES (cont'd) SCHEDULE "A" OF RELATED CASE:	
<i>NOTE:</i> Pursuant to 11 U.S.C. § 109(g), certain individuals who have eligible to be debtors. Such an individual will be required to fi	ave had prior cases dismissed within the preceding 180 days may not le a statement in support of his/her eligibility to file.
TO BE COMPLETED BY DEBTOR/PETITIONER'S ATTORNE	EY, AS APPLICABLE:
I am admitted to practice in the Eastern District of New York (Y/I	N): <u>Y</u>
CERTIFICATION (to be signed by pro se debtor/petitioner or debtor/petitioner)	otor/petitioner's attorney, as applicable):
I certify under penalty of perjury that the within bankruptcy case is as indicated elsewhere on this form.	is not related to any case now pending or pending at any time, except
/s/ Brian McCaffrey	
Brian McCaffrey Signature of Debtor's Attorney Brian McCaffrey Attorney at Law, PC 88-18 Sutphin Blvd	Signature of Pro Se Debtor/Petitioner
1st Floor Jamaica, NY 11435 718-480-8280 Fax:718-480-8279	Signature of Pro Se Joint Debtor/Petitioner
	Mailing Address of Debtor/Petitioner
	City, State, Zip Code
other petitioner and their attorney to appropriate sanctions, includ dismissal of the case with prejudice.	Area Code and Telephone Number the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any ing without limitation conversion, the appointment of a trustee or the
NOTE: Any change in address must be reported to the Court imm result.	ediately IN WRITING. Dismissal of your petition may otherwise

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